

IDPH Substance Abuse Treatment Data Reporting: I-SMART FORMS

nique I-SMART ID:									

## **Placement Screening/Admission**

lient	Name:	_ Agency:	Facility:
omple	ete all fields as applicable		
1.	Event Type: Admission Place	ment Screening	15. Years of Education: 16. Veteran Status:
2.	Days Waiting:		<ul> <li>None</li> <li>Armed Forces/On Active Duty/Combat History</li> <li>Armed Forces/On Active Duty/No Combat History</li> <li>Military Dependent</li> </ul>
3.	Treated Here for:  SA MH/S  GA/SA MH/S	SA GA/SA	National Guard/Combat History National Guard/No Combat History National Guard/On Active Duty/Combat History National Guard/On Active Duty/No Combat History
4. 5.	Admission Type:  Admission Trans  Admission Staff:	fer	Retired from Military/Combat History Retired from Military/No Combat History Served in Armed Forces/Combat History
5. 6.	Placement Screening Date:	<del></del>	<ul><li>☐ Served in Armed Forces/No Combat History</li><li>☐ Unknown</li></ul>
	DD MM YYYY	]	17. Pregnant:  Yes No Due date:
7.	Admission Date:  DD MM YYYY	]	18. Employment Status:  Employed Full Time Employed Part Time Unemployed Looking for Work
8.	Concerned Person:  Yes No		<ul><li>☐ Homemaker</li><li>☐ Student</li><li>☐ Retired</li><li>☐ Person has a disability</li><li>☐ Not in Labor Force Inmate</li></ul>
9.	Number of prior SA treatment Admissions in the past 10 years:		☐ Not in Labor Force not Seeking Work
10.	Number of Non treatment SA re Hospitalizations in Past 6 Month		19. Months employed in last 6 months:
	Number of months since last Discharge:		20. Occupation:  None Professional/Managerial Sales/Clerical Crafts/Operatives Non Farm Laborer Farm Owner/Laborer
12.	Past IV Drug Use:  Yes No Denie	?S	Service/Household
13.	Mental Health Problem:  ☐ Yes ☐ No		21. Clients Monthly Gross:
14.	Methadone Treatment Planned:		



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22.	<b>Primary Source of Income</b>	:			
	None				
	Family/Friends	Public Assistance	28.	Marital Status:	
	Disability	Other		Single Never Married [	Married
	SSI/SSDI	Retirement/Pension		Cohabitating [	Separated
		_		Divorced	Widowed
23.	Other Income Source:			Unknown	Not Collected
	None				
	Family/Friends	Public Assistance	29.	Number of Children Under	17 living/not living with
	Disability	Other		client:	
	SSI/SSDI	Retirement/Pension			
		<u> </u>	30	Number of Children spent	last 6 months living with
24.	Insurance Type:		50.		idst o months hving with
	☐ Blue Cross/Blue Shield	□HMO		client:	
	Other Health Insurance	Medicaid Eligible			
	Medicare Eligible	_	31.	If #41 is a positive number	_
	HAWKI	None		someone else because of P	
	Individual Policy	_		☐ Yes	∐ No
	_				
25.	<b>Insurance Covers Substan</b>	ce:	32.	Substance (primary)	
	Yes	□No		None	Alcohol
				Cocaine/Crack	Marijuana/Hashish
26.	<b>Expected Payment Source</b>	::		Heroin	Non Prescription
	☐ No charge/No Other Pa	y Source		Methadone	
	☐ Blue Cross/Blue Shield	Other Health Insurance		Other Opiates/Synthetic	
	Medicaid	Medicare		PCP	Other Hallucinogens
	☐ Workers Compensation	1		Methamphetamines	Other Amphetamines
	Other government gran	nt		Other Stimulants	Benzodiazepines
	☐ IDPH/Non Medicaid Elig	gible		Other Tranquilizers	Barbiturates
	RTSS			Other Sedatives/Hypnot	
	☐ Private Pay	Client Self Pay		Inhalants	Over the Counter
	☐ Medicare/Medicaid Elig	gible		Medication	
	☐ Medicare/Non Medicai	d Eligible		Steroids	Ecstasy
	HAWKI	Unknown		Other	Oxycontin
				Other Prescribed Analge	
27.	Living arrangements:			Frequency of use (primary)	
	Alone	☐ With Parents		□ N/A	v months
	☐ With significant other			No use in past si No use in the pa	
	With significant other 8	k children		1 to 3 times in the	
	With children alone	Other adult		1 to 2 times in tr	•
	Other adult and childre	n			
	☐ Jail/Correctional Facility	<b>/</b>		3 to 6 times per	week
	Homeless	☐ Hospital		2 to 3 times daily	,,
	Child/Adolescent Foste			more than 3 times	=
	Correctional Halfway H			Unknown	es dally
	Group Home	☐ Juvenile Detention		Method of Use (primary)	
	Shelter			Oral	□ Smoking
	Substance Abuse Halfw	ay House		☐ Inhalation	Smoking  IV Injection
	☐ Transitional Housing			☐ Non IV Injection	
				=	_
				∐ Nasal	☐ Other
				□ N/A	



Unique I-SMART ID:

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	Substance (Secondary)				
	None	Alcohol		Frequency of use (Tertiary)	
	Cocaine/Crack	Marijuana/Hashish		.  □N/A	
	Heroin	Non Prescription		No use in past six months	
	Methadone			No use in the past month	
	Other Opiates/Syntheti	cs		1 to 3 times in the past month	
	PCP	Other Hallucinogens		1 to 2 times per week	
	Methamphetamines	Other Amphetamines		3 to 6 times per week	
	Other Stimulants	Benzodiazepines		Once daily	
	Other Tranquilizers	Barbiturates		2 to 3 times daily	
	Other Sedatives/Hypno	tics		more than 3 times daily	
	Inhalants			Unknown	
	Over the Counter Medi	cation		Method of Use (Tertiary)	
	Steroids	☐ Ecstasy		Oral Smoking	
	Other	Oxycontin		☐ Inhalation ☐ IV Injection	
	Other Prescribed Analg			Non IV Injection	
	Frequency of use (Seconda			Nasal Other	
		••		□ N/A	
	No use in past s	ix months			
	No use in the pa		33.	Was the Substance prescribed to the client?	
	1 to 3 times in t			Primary Secondary Tertiary	
	1 to 2 times per	week		☐ Yes ☐ Yes ☐ Yes	
	3 to 6 times per	week		□ No □ No	
	Once daily			□ N/A □ N/A □ N/A	
	2 to 3 times dai	ly			
	more than 3 tim	nes daily	34.	. Age of First Use (primary):	
	Unknown		•	r rige or rinse ose (primiar y).	
Method	of Use (Secondary)		25	Annual First Handan and Indian	
	Oral	Smoking	35.	. Age of First Use (secondary):	
	Inhalation	☐ IV Injection			
	☐ Non IV Injection	1	36.	. Age of First Use (tertiary):	
	□ Nasal	Other			
	□ N/A		37.	Other Addictions:	
	Substance (Tertiary)			Gambling Compulsive Disorder	
	None	Alcohol		☐ None ☐ Eating Disorder	
	Cocaine/Crack			Other	
	Heroin				
	Non Prescription Metha	adone	38.	Number of days Abstinent in last 30 days:	
	Other Opiates/Syntheti	CS			
	☐ PCP	Other Hallucinogens			
		Other Amphetamines	39.	Number of days in support group in last 30 days:	
	Other Stimulants	Benzodiazepines			
	Other Tranquilizers	Barbiturates			
	Other Sedatives/Hypno	tics			
	☐ Inhalants		40	Number of days attended AA/NA or similar	
	Over the Counter Medi	cation	40.	meetings in	
	Steroids	☐ Ecstasy		last 30 days?	
	Other	Oxycontin		iast 30 days:	
	Other Prescribed Analg	esics			



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		Name of person completing	Date
41.	Number of days of work/school missed in last 6	51. Recommended Environment:	
	months due to SA related Problems:	☐ No treatment recommended	
		☐ Medically managed detox	
		Medically monitored detox	
42	Door the client comments was takened	Medically managed intensive in	patient
42.	Does the client currently use tobacco?	Clinically managed high intensity	residential
	□ No Tobacco Use □ Cigarettes	Clinically managed medium inte	
	Cigars or Pipes Smokeless Tobacco	Day treatment/partial hospitaliz	•
	Combo/more than 1	Clinically managed low intensity	
4.2	D 11 5 (6)	Continuing care	
43.	Daily Frequency of Cigarette use:	Extended outpatient	
	No cigarette use ☐ less than 1/2 pack	☐ Intensive outpatient	
	☐ 1/2 to 1 pack ☐ 1 to 2 packs	Outpatient detox	
	greater than 2 packs	Medically monitored intensive in	nnatient
		PMIC	ipatient
44.	Last SA environment in last 10 years:	Extended Outpatient – Families	in Focus
	No Previous Admission	☐ Intensive Outpatient – Families i	
	Medically managed detox		11 T Ocus
	Medically monitored detox	52. Actual Environment:	
	Medically managed intensive inpatient	No treatment recommended	
	Clinically managed high intensity residential	Medically managed detox	
	Clinically managed medium intensity residential	Medically monitored detox	
	Day treatment/partial hospitalization	Medically managed intensive inp	aationt
	Clinically managed low intensity residential	Clinically managed high intensity	
	Continuing care	Clinically managed medium inte	
	Extended outpatient	Day treatment/partial hospitaliz	•
	Intensive outpatient		
	Outpatient detox	Clinically managed low intensity	residential
	Medically monitored intensive inpatient	☐ Continuing care ☐ Extended outpatient	
	PMIC		
		☐ Intensive outpatient	
45.	Number of Arrests in past 12 months:	Outpatient detox	
	·	Medically monitored intensive in	ipatient
16	Number of Arrests in past 30 days:	PMIC	in Facus
40.	Number of Arrests in past 30 days.	Extended Outpatient – Families	
		Intensive Outpatient – Families i	n Focus
47.	Number of OWI in last 12 months:	53 Olivical Occupidat	
		53. Clinical Override:	
48.	Non-drug or alcohol related crimes while under the	□ N/A	
	influence in the last 12 months:	Lack of insurance benefits	
		Managed care refusal	
49.	Non-drug or alcohol related crimes while not under	Clinical judgment	
	the influence in the last 12 months:	Patient opinion	
	the influence in the last 12 months.	Level of care not available	
E0	Drug or alcohol related crimes in the last 13	Legal issues	
<b>5</b> υ.	Drug or alcohol related crimes in the last 12	Other	
	months:		

4 | Page March 2013